



STUDENT AND YOUTH ACTIVITY PERMISSION FORM

LOCATION: St. Robert Bellarmine Parish, 133 N 5th St, Burbank, CA 91501

Minor's Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

Activity: Field Trip _____ Retreat _____ X Other (specify) **Confirmation Classes**

Date(s) of Activity: September 1 , 2016 – April 30, 2017

Purpose: Sacramental Preparation

Description of Activity: _____ See Attached: _____

Mode of Transportation: Walk _____ Car Pool _____ Bus _____ Other (specify) _____

Teacher/Adult Leader: _____ Attire: _____

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: _____

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the St. Robert Bellarmine Parish and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the St. Robert Bellarmine Parish harmless from the cost of any medical treatment and related expense and cost incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and St. Robert Bellarmine Parish, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

Parent/Guardian

Date

Home Phone

Cell Phone

Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Phone: _____

Health Insurance Company: _____

Policy No.: _____





**Archdiocese of Los Angeles
Medication Authorization and Permission Form**

Location: St. Robert Bellarmine Parish 133 N 5th St, Burbank, CA 91501

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a St. Robert Bellarmine Parish sponsored field trip, event or activity.

Last Name of Minor	First Name	Sex	Birth Date
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Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed	Date/Time Schedule	Dose Form (tablet/liquid)
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Please notify this office if patient misses medication Yes _____ No _____

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician	Signature of Licensed Physician	Date
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Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at St. Robert Bellarmine Parish and/or at St. Robert Bellarmine Parish sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the St. Robert Bellarmine Parish or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that St. Robert Bellarmine Parish staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the St. Robert Bellarmine Parish staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the St. Robert Bellarmine Parish's policies and procedures and will provide the St. Robert Bellarmine Parish with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____ **Emergency phone number:** _____

Parent/Guardian Signature: _____

Date: _

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LOCATION: St. Robert Bellarmine Parish, 133 N 5th St, Burbank, CA 91501

Minor's Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

Activity: Field Trip _____ Retreat _____ Other (specify) **Youth Night**

Date(s) of Activity: September 1, 2016 – April 30, 2017

Cost: _____

Purpose: Faith Sharing

Description of Activity: _____ See Attached: _____

Mode of Transportation: Walk _____ Car Pool _____ Bus _____ Other (specify) _____

Teacher/Adult Leader: _____ Attire: _____

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.

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Parent/Guardian

Date

Home Phone

Cell Phone

Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Phone: _____

Health Insurance Company: _____

Policy No.: _____

PARENT'S AUTHORIZATION TO USE CHILD'S IMAGE, NAME, VOICE AND/OR WORK FOR NON-COMMERCIAL PURPOSES

This section to be completed by St. Robert Bellarmine Parish

Archdiocese/School/Parish: St. Robert Bellarmine Parish

Class/Activity: Confirmation & Youth Ministry

The Archdiocese/School/Parish intends to use your child's image, name, voice and/or work for the following non-commercial purposes (describe class/activity, date(s) if applicable): Slide Show, Social Media

The following person(s)/entity not connected to the Archdiocese/School/Parish will be involved in the class/activity:

This section to be completed by Parent/Legal Guardian:

I, _____, am the parent or legal guardian of _____ (child's name), a minor (age: _____). I hereby authorize the Archdiocese/School/Parish to use the following personal information about my child:

Please initial the applicable boxes

Image/visual likeness: yes no Voice: yes no
Name: yes no Work: yes no

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information, photographs or electronic recordings of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Archdiocese/School/Parish may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese/School/Parish will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese/School/Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese/School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the Archdiocese/School/Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Archdiocese/School/Parish and its employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Archdiocese/School/Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese/School/Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____ Telephone: _____

St. Robert Bellarmine Teen Confirmation Registration Form

Candidate's Name: _____ Date of Birth: _____ Male: ___ Female: ___

Street Address: _____ City: _____ Zip: _____

Candidates Email: _____ High School: _____ Grade: _____

Mother's Name: _____ Mother's Cell: _____ Mothers Home Phone: _____

Mother's Email Address: _____ Lives w/Candidate _____

Father's Name: _____ Father's Cell: _____ Father's Home Phone: _____

Father's Email Address: _____ Lives w/Candidate _____

Candidate Sacrament Info

MUST HAVE COPY OF BAPTISM CERTIFICATE

Received First Reconciliation? _____ Received First Holy Communion? _____

Confirmation Fee: \$175 Year 1

Fees include all supplies and retreats.

Please make checks payable to St. Robert Bellarmine

Credit/Debit cards also excepted

Please contact us if you are experiencing financial hardships,

No one will be turned away for their inability to pay, All are Welcomed!

Philip Trejo

Office: 818-846-3443 x233

Email: srbconfirmation@srbburbank.org

Office Use Only

Baptism Certificate: _____ Teaching Touching Safety: _____ Media Release Form: _____ Retreat Permission Slip: _____

Registration Date: _____ Registered by: _____ Amount Paid: _____ Cash/CK # _____ Balance: _____